

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-815)							SERIAL NO. 09/580,287	FILING DATE			
APPLICANT(S)											
0-30004 3-4-05 CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			9-3-04		5-4-05	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/		/		51			/	
2		/		/		/	52			/	
3				/		/	53				
4				/		/	54				
5				/		/	55				
6				/		/	56				
7				/		/	57				
8				/		/	58				
9				/		/	59				
10				/		/	60				
11				/		/	61				
12				/		/	62				
13				/		/	63				
14	/			/		/	64				
15		/		/		/	65				
16	/			/		/	66				
17		/		/		/	67				
18	/			/		/	68				
19		/		/		/	69				
20		/		/		/	70				
21		/		/		/	71				
22		/		/		/	72				
23		/		/		/	73				
24		/		/		/	74				
25		/		/		/	75				
26		/		/		/	76				
27		/		/		/	77				
28		/		/		/	78				
29		/		/		/	79				
30		/		/		/	80				
31		/		/		/	81				
32		/		/		/	82				
33		/		/		/	83				
34		/		/		/	84				
35		/		/		/	85				
36		/		/		/	86				
37		/		/		/	87				
38		/		/		/	88				
39		/		/		/	89				
40		/		/		/	90				
41		/		/		/	91				
42		/		/		/	92				
43		/		/		/	93				
44		/		/		/	94				
45		/		/		/	95				
46		/		/		/	96				
47		/		/		/	97				
48		/		/		/	98				
49		/		/		/	99				
50		/		/		/	100				
TOTAL IND.	4						TOTAL IND.		2		1
TOTAL DEP.	25						TOTAL DEP.		21		22
TOTAL CLAIMS	29						TOTAL CLAIMS		23		23

PTO-1359 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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